

**South Carolina EMS Advisory Council
Second Floor Conference Room
Heritage Building**

**September 11, 2003
10:30 a.m.**

Members Present

Paul Lucas, Chairman
Ed Allen
Lanny Bernard
Fran Byrd
Chris Cothran
Connie Hoover
Jim Davis
Mike Fisher
Phil Jolley

Robert Johnson
Joe Topper
Don Lundy

Members Absent

Vivian Bufford (proxy)
Dr. Ronnie Fuerst
Debbie Hession
Jimmy Greene
William Baskin
Kelly Lawson
Dr. Clifford Staggs
Bobby Herbert
Dr. Ralph Shealy
Dr. Doug Norcross
Greg Shore
Henry Turbeville

Minutes

REVIEW OF THE 6/12/03 MINUTES

Mr. Paul Lucas, Chairman, called the EMS Advisory Council to order. A moment of silence was given in honor of those lost during September 11th. Mr. Lucas conducted roll call and proxy recognition. Mr. MuMin Abdulrazzaq was recognized as the proxy for Ms. Vivian Bufford; however he was not in attendance. Ms. Washington read the Freedom of Information Act for the record. Mr. Lucas asked for approval of the minutes from the June 12, 2003 meeting. **Mr. Johnson made a motion to accept the minutes as presented. Mr. Lundy seconded the motion. All were in favor. There were no abstentions. The motion passed.**

APPOINTMENT OF THE NOMINATING COMMITTEE

Mr. Lucas appointed the following persons to elect officers for the next year. They are: Fran Byrd, Michael Fisher, and Lanny Bernard. Ms. Washington was asked to forward to appropriate materials to each for review and recommendation at the December Advisory Council meeting.

MEDICAL CONTROL COMMITTEE REPORT

Ms. Beasley gave the report from the Medical Control Committee in the absence of Dr. DesChamps.

Motion to Redesignate Self Regional HealthCare as a Level III Trauma Center:

The Medical Control Committee passed motions to say “that the hospital had met the terms of the redesignation requirement if the committee receives confirmation from the hospital of an appointment of a permanent trauma director or co-directors within the 60 days specified in the letter (deadline of August 1) and that evidence of a QA meeting and evidence that the trauma director(s) are actively involved in QA should be included in the letter expected from the hospital by August 1. A second motion was passed that said “By August 1, a letter must be received from the hospital and signed by the permanent director or co-directors stating that they have assumed the position. Additionally, the hospital should send evidence of all QA activities in which the permanent director or co-directors have been involved, and, if the trauma co-director positions have been assigned, then the letter must include the specific job descriptions and how the duties of the role of trauma director have been divided.” Ms. Beasley stated for the record that all members of the MCC were in favor except Dr. Bynoe. **The motion from the MCC is to approve the redesignation of Self Regional HealthCare as presented by the MCC. Mr. Lundy seconded the motion. All were in favor. There were no abstentions. The motion passed.**

Informational ReportBlood Exchange

The MCC approved in principal the concept of infusion of blood products en route by paramedics with blood that has been previously cross matched and typed and pending DHEC Legal Office opinion. This action is not approved for use until further information has been received. DHEC will develop appropriate documentation for this action if this is approved.

Medicine Storage Policies

The MCC approved the motion that the Equipment and Standards Committee review the issue of medicine storage policies and develop a plan to develop a policy and report back to the MCC within the year at the EMS Symposium. Ms. Beasley asked Ms. Washing to ensure that this information is forwarded to the Equipment and Standards Committee.

MMRS

The MCC approved the motion that Mark-1 kits can be used by any level EMT with documented training and with approval of the medical control physician during a “declared mass casualty” situation. The Committee also agreed that EMTs cannot be allowed to administer CANNA kits unless change of administration is made to the drug formulary. Finally, the Committee agreed that there are no limits on Mark-1 kits, but CANNA injectors must follow standard control regulations.

Diversion

There was a lengthy discussion regarding Carolinas Hospital diversion practices and the ability to divert EMS to another facility. Mr. Lundy and other Council members stated that diversion is not an EMS issue but a hospital issue and inappropriate diversion practices are a COBRA violation. There was a consensus that staff would send a letter to Carolinas Hospital explaining such.

Trauma Legislation

DHEC has introduced legislation to formalize and fund the state's trauma legislation. The legislation was introduced in May and would be considered by the legislature in the next session that begins in January 2004.

Bed Capacity

DHEC has plans to purchase a webpage on the Washington State Hospital's bed capacity website that would allow hospitals, disaster management teams and EMS to monitor bed capacity status which would assist with diversion problems.

COBRA Teams

Ms. Beasley explained to the Council that COBRA response teams are rapid response teams made up of first responders and medical personnel capable of responding either in jurisdiction or out of jurisdiction to a WMD incident with a large number of casualties. They can do agent detection, provide security to the team and conduct medical operations in a potentially contaminated environment or with potentially contaminated patients or patients that have been exposed to WMD or toxic industrial chemicals. The teams exist in the 14 largest jurisdictions in the state, based on county populations and consist of HAZMAT personnel, law enforcement personnel and medical personnel such as paramedics, physicians and possibly, nurses.

Ms. Beasley stated that a draft medical control document for the COBRA teams has been presented by Mr. Todd Whitaker with the Emergency Management Division. Mr. Whitaker is requesting that in the event of a disaster, and as the local resources may be overwhelmed and not able to provide medical control for the teams, the COBRA teams be allowed to act independently of local medical control authority. He is seeking for a medical control physician to respond with the teams and for that medical control physician to provide direct medical control. If the physician is not there, they want the teams to be able to use standardized treatment protocols. He also said that they are planning for a state level physician to be present in the State Emergency Operations Center and for this physician to provide on-line medical control capabilities. Ms. Beasley stated that during this discussion, Dr. DesChamps pointed out that COBRA teams are not licensed services and the Medical Control Committee is being asked to approve a different kind of service than already exists—a non-transporting, non-EMS service, with a separate medical control physician. Dr. DesChamps said that any physician serving as a COBRA medical control physician will have to attend a medical control physician's workshop and meet the other criteria required of medical control physicians. Dr. DesChamps suggested the MCC consider the concept of a state EOC physician. The MCC approved a motion of concept of the document outlining the COBRA teams; to make the protocols as listed effective for the interim; and to ask Dr. Burger and Dr. Shelton to review the protocols and report to the Medical Control Committee. In addition, a motion was approved that the COBRA training should be reviewed and overseen by the EMS Training Committee and reviewed for in-service training credit.

STAFF REPORT

PIER Team

Ms. Luka informed the Council that the PIER Team is working on plans for the 2004 EMS Symposium. There has been discussion of conducting another PIO course but it has not been

confirmed as of yet. Ms. Luka stated that the PIER Team is the process of trying to secure funding for 2004 EMS Week.

Mr. Lundy asked if PIER was leaving EMS and going to another agency?

Ms. Luka stated that this is untrue. The only thing that is changing due to budget restraints is that DHEC will not be able to provide funding of various projects under the PIER umbrella.

EMS Updates

Mr. Catoe gave the report in Mr. Smith's absence.

The following counties have not signed and returned FY04 GIA contracts: Chester, Darlington, Jasper, McCormick, Saluda, Sumter, Union and York. Counties will receive their approved contract once we have approved their DHEC 1061-GIA application.

As for FY04 DUI contracts, Saluda and Darlington have not returned theirs as of yet.

Mr. Catoe stated that the EMS Regions took a 1% budget cut. The Division was able to divert that 1% from the counties. However, staff has been told to anticipate a 3,5 or 7 percent budget cut around January 2004.

There has been previous discussion regarding the delays in approving GIA applications. As a solution, the regional EMS offices will be contacted to provide any additional information for items requesting approval.

New IST Officers will be indoctrinated next Tuesday at Midlands Tech, Harbison campus. Mr. Whiteley has done a great job with IST and will be the Master of Ceremony for this program.

Mr. Catoe stated that the Office of Homeland Security has three grants pending; \$400,000 for training, \$460,000 for equipment and \$153,000 for training awareness. Some amendments will be made, very minor but additional information for the training grant is required. Ms. White stated that any training material needs to be in draft form for prior approval by SLED.

Atrovent and Xopenex have been approved by the DHEC Board and added to the drug formulary. Mr. Catoe asked that people use the .gov website for more current information.

Mr. Catoe added that Clark Greene is no longer with the Division.

REGIONAL REPORTS

The regional directors from Midlands EMS and Lowcountry EMS reported on the various training schedules and class progress. Each region is dealing with the impact of budget cuts.

NEW BUSINESS

Mr. Lundy asked if the MCC would look at removing the use of the CPAP as a pilot project and as a statewide skill. Mr. Lucas referred this issue to the MCC for further review and consideration.

Mr. Bernard inquired as to the attendance requirements of the Council. Ms. Washington informed him that it was stated during a previous meeting that attendance would be reviewed after this meeting by the Chair and DHEC staff. Further information will be given after that review.

There was discussion regarding the importance of funding in the EMS system (at the state level). It was suggested and agreed upon that a letter would be sent to the governor, Bobby Harold, the media and local areas regarding the need and importance of funding in EMS. **Mr. Lundy made a motion to send the letter as suggested. Mr. Allen seconded the motion. All were in favor. There were no abstentions. The motion passed.**

Mr. Jolley reviewed the handout from the South Carolina Emergency Response Task Force. He asked that Ms. Washington obtain a copy of the handout and disburse to members for review. *This information will be included in the packet for the December 2004 meeting.*

Ms. Hoover informed the Council that there is a new transportation bill in the works. She explained that request would open for five days only and ask that all be on the look out and ready when it is available.

Mr. Lundy made a motion to adjourn. Ms. Byrd seconded the motion. All were in favor. The motion passed. Meeting adjourned.

The next meeting of the Council will be on December 11, 2004 at 10:30 am in the second floor conference room.